

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4672
Do not use this space.

791
1003

Registered No. 1365

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis or St. Louis (d) Street No. Homer Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 400 Alice Kelly

(a) Residence, No. 1015 N 14 St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1939, to Feb. 4, 1939

I last saw her alive on Feb. 4, 1939. Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 5 10

Bronchopneumonia
Osteo-arthritis, non tubercular Date of onset 7/4/39

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. chicken picker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance: 107a

12. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)

FATHER 13. NAME Welter Adams

14. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Missouri Wallace

16. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Feb 11, 1939

Manner of injury.....
Nature of injury.....

19. FUNERAL DIRECTOR (NAME) F. A. Gilen (ADDRESS) 2715 Franklin ave.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Pericarditis, M. D.
(Signed) J. F. Brudick (Address) 2601 N Whittier

20. FILED FEB 11 1939 J. F. Brudick Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. *[Signature]*

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.